

Exhibit A

# Office of State Courts Administrator



## Collector Guideline Acceptance Form OSCA 11-029-09

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of my contract with the Office of State Courts Administrator and the court.

☐ *I am a commissioned law enforcement officer by the state of Missouri.*

☐ *I understand that I will provide a copy of my POST certification to verify my law enforcement commission in the state of Missouri.*

☒ *I am not a commissioned officer.*

☒ I have provided a completed background check, and

☒ I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening results

Lonzell Haire      Lonzell Haire      4-28-16  
Collector Printed name      Signature      Date

*The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.*

Cherie Seymour      11th      4-28-16  
Drug Court Judge/Coordinator      Circuit      Date